

Child Care Subsidy Provider Health and Safety Orientation Training Verification

DEPT. OF HEALTH AND HUMAN SERVICES			
Provider Name:	Phone N	Phone Number:	
Provider Address:	City:	Zip:	
License Number:	Subsidy Provider ID/Organization Nun	nber:	
providers who care for children receivin children they provide care for, and complete to Care that covers the required directors, staff, and substitutes that wor	d health and safety topics. All Subsidy proceeds the Art directly with children complete the Pr	nd safety trainings, keep records for the Nebraska has developed a training called oviders are now required to have all of repare to Care Training.	
_	regarding staff training for your child ca ease submit the same information on ar	-	
Name of Staff:	Position/Title:	Date of Prepare to Care Training Completion:	
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Failure to submit this information may result in closure of your Child Care Subsidy Agreement.

Director Signature:	
Director signature above attests that all information provided is true and accurate.	